

# Joinder Agreement for the Springhill Third-Party Pooled Trust

*This is a legal document. You are encouraged to seek independent, professional advice before signing.*

This is an irrevocable contract. The purpose of this contract is to establish a sub-account with the Springhill Third-Party Pooled Trust for the sole benefit of \_\_\_\_\_.  
("Beneficiary")

By signing this contract, I acknowledge and agree to the following terms and conditions:

1. This contract is irrevocable.
2. I have received and reviewed the Springhill Third-Party Pooled Trust.
3. I agree to the terms set forth in the Springhill Third-Party Pooled Trust.
4. I am funding the sub-account with the property listed in Schedule A.
5. Unless I have designated otherwise in Schedule B, upon the death of the Beneficiary, any assets that remain in the Beneficiary's sub-account shall be deemed surplus Trust property.
6. I acknowledge that the Trustee and/or Trust Administrator fees will be charged according to Schedule C.
  - a. I understand that fees will be taken directly from the sub-account without prior notice.
  - b. I understand that Schedule C is subject to change from time to time without notice.
7. I understand that funeral expenses cannot be paid after the death of the beneficiary.

Beneficiary Date of Birth: \_\_\_\_\_  
Beneficiary Social Security Number: \_\_\_\_\_  
Beneficiary Address: \_\_\_\_\_  
Beneficiary Email/Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relation to Beneficiary:  Parent  Grandparent  Guardian  Conservator  Power of Attorney  
Created by Court Order:  Yes  No (If yes, please attached a copy of the Court Order)

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) § \_\_\_\_\_  
\_\_\_\_\_, Notary Public

The foregoing contract was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_, who:  
 Is personally known to me; or  
 Produced \_\_\_\_\_ identification.

[Seal

**Schedule A**  
**Amount to be funded into the Beneficiary's sub-account**

Amount: \$ \_\_\_\_\_

Source of funds:  Settlement  Excess Social Security  Inheritance

Other \_\_\_\_\_

**Schedule B**  
**Remainder Designation**

\_\_\_\_\_ **Retained By Trust.** If money is left in the sub-account when the Beneficiary passes away then the funds shall be retained by the Trust to help the Springhill Housing Corporation with its important non-profit mission of serving individuals with disabilities.

\_\_\_\_\_ **Remainder Beneficiaries.** If money is left in the sub-account when the Beneficiary passes away, after the provisions of Section 8.03 are met, I want the money to be distributed as follows:

Beneficiary \_\_\_\_\_ Percentage \_\_\_\_\_

Address \_\_\_\_\_

Distribute funds outright, free of trust  Maintain a sub-account with a third-party pooled trust

Beneficiary \_\_\_\_\_ Percentage \_\_\_\_\_

Address \_\_\_\_\_

Distribute funds outright, free of trust  Maintain a sub-account with a third-party pooled trust

Beneficiary \_\_\_\_\_ Percentage \_\_\_\_\_

Address \_\_\_\_\_

Distribute funds outright, free of trust  Maintain a sub-account with a third-party pooled trust

Beneficiary \_\_\_\_\_ Percentage \_\_\_\_\_

Address \_\_\_\_\_

Distribute funds outright, free of trust  Maintain a sub-account with a third-party pooled trust

**\*Total percentage must equal 100%**

**Schedule C**  
**Fees**

Please review our "Notice of Fees" for current fee schedule. Any revision to the fee schedule will be communicated in writing at least 30 days in advance of the change.